

<<If ST3-AP-AOP-EPA8 or ST3-POA-FELL-EPA2 (Leadership skills) has been entrusted, trainees should not attain the following EPA>>

**ST3-ADM-FELL-EPA1 – Admin Leadership skills**

<b>Area of practice</b>	Medical administration	<b>EPA identification</b>	ST3-ADM-FELL-EPA1
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.2 (EC-approved 10/04/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Demonstrate leadership skills in a multidisciplinary team setting (Admin).</b>		
<b>Description</b> Maximum 150 words	The trainee demonstrates the ability to provide strong, active leadership in a clinical team and in multidisciplinary clinical meetings, eg. clinical review meetings, ward rounds or case conferences.		
<b>Fellowship competencies</b>	<b>ME</b>	4, 5, 6, 7, 8	<b>HA</b> 1
	<b>COM</b>	1	<b>SCH</b> 2
	<b>COL</b>	2, 3, 4	<b>PROF</b> 1, 2, 3, 4, 5
	<b>MAN</b>	1, 2, 3, 4, 5	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the literature on clinical leadership.</li> <li>• Understands the characteristics of good leaders.</li> <li>• Understands the roles and responsibilities of other team members.</li> <li>• Understands the principles of team and group dynamics.</li> <li>• Understands the concept of clinical governance.</li> <li>• Understands the principles of recovery approaches to care.</li> <li>• Understands the importance of family and carer involvement in care.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Exhibits social awareness and the ability to manage professional relationships, including team conflict.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Demonstrates the ability to lead a multidisciplinary discussion that is focused, client centred and time managed.</li> <li>• Understands the concept of adaptive or collective leadership, leadership and followership and can display both behaviours appropriate to the context.</li> <li>• Integrates the information from the case conference to generate a collaborative plan.</li> <li>• Exhibits self-awareness and self-management relevant to his or her leadership roles.</li> <li>• Is able to facilitate or take the lead in making a decision where there is team disagreement that cannot be resolved in a timely manner and evaluate the outcome of this decision.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Demonstrates the ability to support the development of other team members.</li> <li>• Builds partnerships and networks to influence outcomes positively for patients.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of professionals involved to enhance collaborative practice.</li> <li>• Demonstrates an understanding of when to lead and when to follow another's lead.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to high-quality outcomes for patients and carers.</li> <li>• Demonstrates understanding and commitment to a recovery approach, involvement of family and carers and a capacity to work both within and outside of a medical model of care.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Feedback from multidisciplinary team members.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Professional presentation.</li> </ul>
<p><b>References</b></p> <p>BRAITHWAITE J &amp; TRAVAGLIA JF. An overview of clinical governance policies, practices and initiatives. <i>Aust Health Rev</i> 2008; 32: 10–22.</p> <p>DOWTON SB. Leadership in medicine: where are the leaders? <i>Med J Aust</i> 2004; 181: 652–4.</p>	

GREINER CB. Leadership for psychiatrists. *Acad Psychiatry* 2006; 30: 283–8.

LEE T. Turning doctors into leaders. *Harvard Business Review*. April 2010: 50–58.

NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT & ACADEMY OF MEDICAL ROYAL COLLEGES. *Medical leadership competency framework: enhancing engagement in medical leadership*. 3rd edn. Coventry: NHS Institute for Innovation and Improvement, July 2010. Viewed 9 February 2013  
<<http://www.leadershipacademy.nhs.uk/discover/leadership-framework/supporting-tools/documents-to-download>>.

WARREN OJ & CARNALL R. Medical leadership: why it's important, what is required, and how we develop it. *Postgrad Med* 2011; 87: 27–32.

ZALEZNIK A. Managers and leaders: are they different? *Harvard Business Review*. May–June 1977. [Reprinted in HBR January 2004: 74–81.]

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar